

LICENSURE OF NONRESIDENT PHARMACIES

During the 1997 session the South Dakota Legislature enacted Chapter 36-11-19.2 – Nonresident Pharmacy, effective July 1, 1997 giving the South Dakota Board of Pharmacy authority to license nonresident pharmacies (36-11-19.3 to 36-11-19.9), and adopted rules governing nonresident pharmacies (Chapter 20:51:27).

A nonresident pharmacy that ships, mails, or delivers any dispensed drug to a resident in this state pursuant to a legally issued prescription are required to be licensed. Rules enacted by the Board of Pharmacy were established July 1, 1997, as the date of initial licensure.

The following is required for licensure:

- Completed application form and fee of \$200.00.
- Copy of latest inspection report from the home state Board of Pharmacy.
- Copy of the current home state pharmacy license.

Application for Permit To Operate a Nonresident Pharmacy in the State of South Dakota

☐ New Application ☐ Change of Ownership for license #400-_____

SDCL 36-11-19.5 – Permit: Each nonresident pharmacy license expires on June thirtieth. This application form must be accompanied with the legal fee of two hundred dollars set by the Board, but not to exceed that prescribed by statute. SDCL 36-11-19.3. (Fee \$200.00).

NOTE: Application will be returned if not typed or printed legibly and notarized.

I, _____ Certificate No: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Being a pharmacist in good standing registered under the laws of _____ (State), hereby apply for the original permit to conduct a nonresident pharmacy as described herein and over which I will have full and complete control in the active management thereof as set forth in this renewal form. I enclose remittance of **\$200.00** for the fee as required by law.

I agree to display the nonresident pharmacy certificate in a conspicuous place in the pharmacy, and to report to the Executive Secretary of the South Dakota Board of Pharmacy any change in location of the pharmacy or any change in ownership of the merchandise and fixtures of nonresident pharmacy within ten days of such occurrence. I will surrender the nonresident pharmacy certificate for cancellation of the cessation of business as a pharmacy as provided by law.

For registration of a nonresident pharmacy:

1. Under what name and title is the nonresident pharmacy to be registered? (Must be same as DEA title)

2. Where will the nonresident pharmacy be located?

Address	City	State	Zip Code	County
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3. Who will be the owner(s) of the building or space to be occupied by the nonresident pharmacy?

Name of individual, partners or corporation. If corporation attach names of all officers of such to this form.

4. Who will be the owner(s) of the merchandise and fixtures of the nonresident pharmacy?

Name of individual, partners or corporation.

Please complete the attached *Affidavit – Supplement to Renewal for Permit to Operate a Nonresident Pharmacy where Pharmacist(s) Applicant is not Sole Owner of Merchandise and Fixtures.*

5. List name of the pharmacist in charge, address, and license number:

Name: _____ License No: _____

Business Phone: _____ Home Phone: _____ Fax: _____

6. List the name, address, and license number of licensed pharmacists in the nonresident pharmacy. Attach additional sheet if needed.

_____ License No: _____

_____ License No: _____

_____ License No: _____

_____ License No: _____

_____ License No: _____

_____ License No: _____

_____ License No: _____

_____ License No: _____

7. What type of nonresident pharmacy is to be registered under this application?

☐ Mail Order ☐ Retail including general merchandise ☐ Home Care
☐ Internet ☐ Professional Prescription Pharmacy ☐ Veterinary
☐ Other: _____

8. How many hours per week is nonresident pharmacy open to the public? _____

9. Will a registered pharmacist be on duty and in charge of the nonresident pharmacy at all times when open to the public for business? ☐ Yes ☐ No

10. Will the pharmacy kept in a clean and sanitary condition? ☐ Yes ☐ No

11. Will the nonresident pharmacy maintain the following equipment?

a. A balance with delicacy of not less than one-tenth grain? ☐ Yes ☐ No

b. Prescription equipment of such kind and quality that enables the pharmacist(s) to meet all prescription requirements? ☐ Yes ☐ No

c. Proper labels (including poison labels)? ☐ Yes ☐ No

d. Permanent filing convenience for all prescriptions? ☐ Yes ☐ No

e. Standard grade chemicals and pharmaceuticals? ☐ Yes ☐ No

f. Refrigerated storage space for biologicals and drugs affected by extreme temperatures?
☐ Yes ☐ No

g. Does the nonresident pharmacy meet the requirements of the state in which it is located?
☐ Yes ☐ No

h. Is there a toll-free telephone service to facilitate communication between the patient and the pharmacist? ☐ Yes ☐ No

12. Do you offer internet services? ____ Yes ____ No
If yes, have you registered with the National Association of Boards of Pharmacy to receive Verified Internet Pharmacy Practice Sites (VIPPS) certification? ____ Yes ____ No
13. **I have enclosed a notarized copy of the current home state pharmacy license.** ____ Yes ____ No
14. **I have enclosed a copy of the latest inspection report from the home state Board of Pharmacy,** and any disciplinary action against nonresident pharmacy or from any other state within the last three years, and the resolution of any actions. ____ Yes ____ No
15. I understand no nonresident pharmacy may dispense an equivalent drug product if a brand name has been prescribed unless the physician has not written “brand necessary” or similar language across the face of the prescription as prescribed by South Dakota law, nor may dispense an equivalent drug product to a resident of South Dakota without informing the patient of the selection and the right to refuse the product selected either by telephone or in writing. ____ Yes ____ No
16. I understand a nonresident pharmacy shall provide the patient written information about the medication on all new prescriptions. This information includes directions for storage, common side effects, warnings, etc. ____ Yes ____ No

Notice to Registered Nonresident Pharmacy Applicant:

Unless you are to be the sole owner of the merchandise and fixtures of the nonresident pharmacy, then the affidavit referenced in question (4) must be completed and attached to this renewal form by the individual, partnership or corporation with ownership. Corporation must be attached hereto and made a part of this renewal.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct, and that the provisions of law and Board of Pharmacy Rules and Regulations relative to conducting a nonresident pharmacy in the home state will be faithfully observed during the period for which a permit to conduct a pharmacy business in the state of South Dakota shall be issued.

Signature of Registered Pharmacist Applicant

Date

Don't forget to enclose:

- a copy of the resident pharmacy license
- a copy of the latest pharmacy inspection report
- completed, notarized affidavit

Return to: SD Board of Pharmacy
4305 S. Louise Avenue, Suite 104
Sioux Falls, SD 57106

Telephone: 605-362-2737

**Supplement to Application for Permit to Operate a Nonresident Pharmacy
Where Pharmacist Applicant is not Sole Owner of Merchandise and Fixtures**

AFFIDAVIT

State of _____)
) ss
County of _____)

**Complete first portion of form as
Individual/Partnership or as a
Corporation**

INDIVIDUAL OR PARTNERSHIP: I, _____, being first duly sworn, depose and say that I am the (non-pharmacist) owner of _____ percent of the merchandise and fixtures in the place of business for which pharmacy registration is applied for in the attached application for registration of Permit to Operate a Nonresident Pharmacy in South Dakota.

OR

CORPORATION: I, _____, being first duly sworn, depose and say that I am the _____ of _____, a corporation and one of its managing officers and directors; that said corporation is the owner of the merchandise and fixtures in the place of business in the attached application for registration of and for Permit to Operate a Nonresident Pharmacy in South Dakota.

That said place of business may be registered as a nonresident pharmacy and conducted in accordance with the laws of the State of South Dakota, said Individual/Partnership or Corporation hereby delegates complete responsibility for the pharmaceutical services to Registered Pharmacist-in-Charge _____ Cert# _____

(Pharmacist listed here must be the same as person signing the Application Form)

to have full charge of the merchandise and fixtures at said place of business in the same manner, and to the same degree as though said pharmacist were the sole owner of such merchandise and fixtures. It is further represented and said that if any non-pharmacist owner/corporation is actively engaged within such nonresident pharmacy, after it is so registered, that such non-pharmacy owner, corporate officer, employee or agent of non-pharmacist owner/corporation will submit to administration and guidance of the registered pharmacist named herein, in the same manner and to the same degree as though said non-pharmacist owner, corporate officer, employee or agent of non-pharmacist owner/corporation were an employee of the Registered Pharmacist named herein.

Signature of Non-Pharmacist Owner or Corporate Officer

Subscribed and sworn before me this _____ day of _____, 20 _____.

(Seal)

Name of Notary Public

Enter below – Complete list of managing officers and directors. (Use extra sheet if necessary)

<u>Title/Officer</u>	<u>Name</u>	<u>Address</u>

Have you, or any other managing officers and directors, plead guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? __ Yes __ No